



## General

### Guideline Title

Best evidence statement (BEST). Psycho-social interventions for primary caregivers of newly diagnosed pediatric oncology patients.

### Bibliographic Source(s)

Cincinnati Children's Hospital Medical Center. Best evidence statement (BEST). Psycho-social interventions for primary caregivers of newly diagnosed pediatric oncology patients. Cincinnati (OH): Cincinnati Children's Hospital Medical Center; 2012 Nov 28. 6 p. [11 references]

### Guideline Status

This is the current release of the guideline.

## Recommendations

### Major Recommendations

The strength of the recommendation (strongly recommended, recommended, or no recommendation) and the quality of the evidence (1a to 5b) are defined at the end of the "Major Recommendations" field.

It is strongly recommended that primary caregivers of newly diagnosed pediatric oncology patients receive psycho-social interventions of cognitive behavioral therapy or psycho-educational therapy to reduce anxiety, emotional distress, post-traumatic stress symptoms, and negative mood and enhance effective coping skills and adjustment (Meyler et al., 2010 [1b]; Othman & Blunden, 2009 [1b]; Pai et al., 2006 [1a]; Askins et al., 2009 [2a]; Othman et al., 2010 [3a]; McCarthy & Sebaugh, 2011 [4b]).

#### Definitions:

#### Table of Evidence Levels

Quality Level	Definition
1a† or 1b†	Systematic review, meta-analysis, or meta-synthesis of multiple studies
2a or 2b	Best study design for domain
3a or 3b	Fair study design for domain
4a or 4b	Weak study design for domain
5a or 5b	General review, expert opinion, case report, consensus report, or guideline
5	Local Consensus

†a = good quality study; b = lesser quality study

## Table of Language and Definitions for Recommendation Strength

Language for Strength	Definition
It is strongly recommended that...  It is strongly recommended that... not...	When the dimensions for judging the strength of the evidence are applied, there is high support that benefits clearly outweigh risks and burdens ( <i>or visa-versa for negative recommendations</i> ).
It is recommended that...  It is recommended that... not...	When the dimensions for judging the strength of the evidence are applied, there is moderate support that benefits are closely balanced with risks and burdens.
There is insufficient evidence and a lack of consensus to make a recommendation. . .	

Note: See the original guideline document for the dimensions used for judging the strength of the recommendation.

## Clinical Algorithm(s)

None provided

## Scope

## Disease/Condition(s)

Anxiety, emotional distress, post-traumatic stress symptoms, and negative mood due to pediatric cancer

## Guideline Category

Management

## Clinical Specialty

Family Practice

Oncology

Pediatrics

Psychiatry

Psychology

## Intended Users

Advanced Practice Nurses

Nurses

Physician Assistants

Physicians

Psychologists/Non-physician Behavioral Health Clinicians

Social Workers

## Guideline Objective(s)

To evaluate, among primary caregivers of newly diagnosed pediatric oncology patients, if caregiver-focused psycho-social interventions compared with current treatment leads to improved patient and caregiver adaption to serious illness and hospitalization when started during initial patient treatment

## Target Population

Primary caregivers of the pediatric oncology patient, which may include parents, step-parents, grandparents, guardians, and/or foster parents

## Interventions and Practices Considered

Psycho-social interventions of cognitive behavioral therapy or psycho-educational therapy

## Major Outcomes Considered

Patient and caregiver adaption to serious illness and hospitalization including reduction of anxiety, emotional distress, post-traumatic stress symptoms, mood, and enhanced coping skills and adjustment

## Methodology

### Methods Used to Collect/Select the Evidence

Searches of Electronic Databases

### Description of Methods Used to Collect/Select the Evidence

Search Strategy

- Databases searched included Ovid MedLine, Cochrane Library, CINAHL Plus, and PsycInfo.
- Search terms included: pediatric oncology, pediatric cancer, pediatric neoplasms, childhood oncology, childhood cancer, childhood neoplasms, psycho-social care, psycho-social interventions, psychological care, psychological interventions, coping, adjustment, mothers, parents, caregivers.
- Studies were limited to English language articles.
- The search was conducted from January 24, 2012 until July 03, 2012.

### Number of Source Documents

Not stated

### Methods Used to Assess the Quality and Strength of the Evidence

Rating Scheme for the Strength of the Evidence

Table of Evidence Levels

Quality Level	Definition
1a† or 1b†	Systematic review, meta-analysis, or meta-synthesis of multiple studies
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3a or 3b	Fair study design for domain
4a or 4b	Weak study design for domain
5a or 5b	General review, expert opinion, case report, consensus report, or guideline
5	Local Consensus

†a = good quality study; b = lesser quality study

Methods Used to Analyze the Evidence

Review of Published Meta-Analyses

Systematic Review

Description of the Methods Used to Analyze the Evidence

Not stated

Methods Used to Formulate the Recommendations

Expert Consensus

Description of Methods Used to Formulate the Recommendations

Not stated

Rating Scheme for the Strength of the Recommendations

Table of Language and Definitions for Recommendation Strength

Language for Strength	Definition
It is strongly recommended that...  It is strongly recommended that... not...	When the dimensions for judging the strength of the evidence are applied, there is high support that benefits clearly outweigh risks and burdens ( <i>or visa-versa for negative recommendations</i> ).
It is recommended that...	When the dimensions for judging the strength of the evidence are applied, there is moderate support that benefits are closely balanced with risks and burdens.

Language for Strength	Definition
It is recommended that not... There is insufficient evidence and a lack of consensus to make a recommendation...	

Note: See the original guideline document for the dimensions used for judging the strength of the recommendation.

## Cost Analysis

A formal cost analysis was not performed and published cost analyses were not reviewed.

## Method of Guideline Validation

Peer Review

## Description of Method of Guideline Validation

This Best Evidence Statement has been reviewed against quality criteria by two independent reviewers from the Cincinnati Children's Hospital Medical Center (CCHMC) Evidence Collaboration.

## Evidence Supporting the Recommendations

### References Supporting the Recommendations

Askins MA, Sahler OJ, Sherman SA, Fairclough DL, Butler RW, Katz ER, Dolgin MJ, Varni JW, Noll RB, Phipps S. Report from a multi-institutional randomized clinical trial examining computer-assisted problem-solving skills training for English- and Spanish-speaking mothers of children with newly diagnosed cancer. *J Pediatr Psychol*. 2009 Jun;34(5):551-63. [PubMed](#)

McCarthy PG, Sebaugh JG. Therapeutic scrapbooking: a technique to promote positive coping and emotional strength in parents of pediatric oncology patients. *J Psychosoc Oncol*. 2011 Mar;29(2):215-30. [PubMed](#)

Meyler E, Guerin S, Kiernan G, Breatnach F. Review of family-based psychosocial interventions for childhood cancer. *J Pediatr Psychol*. 2010 Nov;35(10):1116-32. [PubMed](#)

Othman A, Blunden S, Mohamad N, Mohd Hussin ZA, Jamil Osman Z. Piloting a psycho-education program for parents of pediatric cancer patients in Malaysia. *Psychooncology*. 2010 Mar;19(3):326-31. [PubMed](#)

Othman A, Blunden S. Psychological interventions for parents of children who have cancer: a meta-analytic review. *Curr Pediatr Rev*. 2009;5(2):118-27.

Pai AL, Drotar D, Zebracki K, Moore M, Youngstrom E. A meta-analysis of the effects of psychological interventions in pediatric oncology on outcomes of psychological distress and adjustment. *J Pediatr Psychol*. 2006 Oct;31(9):978-88. [PubMed](#)

## Type of Evidence Supporting the Recommendations

The type of supporting evidence is identified and graded for each recommendation (see the "Major Recommendations" field).

## Benefits/Harms of Implementing the Guideline Recommendations

## Potential Benefits

Improved patient and caregiver adaption and coping with serious illness and hospitalization

## Potential Harms

Not stated

## Qualifying Statements

### Qualifying Statements

This Best Evidence Statement addresses only key points of care for the target population; it is not intended to be a comprehensive practice guideline. These recommendations result from review of literature and practices current at the time of their formulation. This Best Evidence Statement does not preclude using care modalities proven efficacious in studies published subsequent to the current revision of this document. This document is not intended to impose standards of care preventing selective variances from the recommendations to meet the specific and unique requirements of individual patients. Adherence to this Statement is voluntary. The clinician in light of the individual circumstances presented by the patient must make the ultimate judgment regarding the priority of any specific procedure.

## Implementation of the Guideline

### Description of Implementation Strategy

An implementation strategy was not provided.

### Implementation Tools

Audit Criteria/Indicators

Resources

For information about availability, see the *Availability of Companion Documents* and *Patient Resources* fields below.

## Institute of Medicine (IOM) National Healthcare Quality Report Categories

### IOM Care Need

Getting Better

Living with Illness

### IOM Domain

Effectiveness

## Identifying Information and Availability

### Bibliographic Source(s)

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### Adaptation

Not applicable: The guideline was not adapted from another source.

### Date Released

2012 Nov 28

### Guideline Developer(s)

Cincinnati Children's Hospital Medical Center - Hospital/Medical Center

### Source(s) of Funding

Cincinnati Children's Hospital Medical Center

### Guideline Committee

Not stated

### Composition of Group That Authored the Guideline

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### Financial Disclosures/Conflicts of Interest

Conflict of interest declaration forms are filed with the Cincinnati Children's Hospital Medical Center Evidence-based Decision Making (CCHMC EBDM) group. No financial or intellectual conflicts of interest were found.

### Guideline Status

This is the current release of the guideline.

### Guideline Availability

Electronic copies: Available from the [Cincinnati Children's Hospital Medical Center](#) .

Print copies: For information regarding the full-text guideline, print copies, or evidence-based practice support services contact the Cincinnati Children's Hospital Medical Center Health James M. Anderson Center for Health Systems Excellence at [EBDMInfo@cchmc.org](mailto:EBDMInfo@cchmc.org).

## Availability of Companion Documents

The following are available:

- Judging the strength of a recommendation. Cincinnati (OH): Cincinnati Children's Hospital Medical Center; 2008 Jan. 1 p. Available from the [Cincinnati Children's Hospital Medical Center Web site](#) .
- Grading a body of evidence to answer a clinical question. Cincinnati (OH): Cincinnati Children's Hospital Medical Center; 1 p. Available from the [Cincinnati Children's Hospital Medical Center Web site](#) .
- Table of evidence levels. Cincinnati (OH): Cincinnati Children's Hospital Medical Center; 2008 Feb 29. 1 p. Available from the [Cincinnati Children's Hospital Medical Center Web site](#) .

Print copies: For information regarding the full-text guideline, print copies, or evidence-based practice support services contact the Cincinnati Children's Hospital Medical Center Health James M. Anderson Center for Health Systems Excellence at [EBDMInfo@cchmc.org](mailto:EBDMInfo@cchmc.org).

In addition, suggested process or outcome measures are available in the [original guideline document](#) .

## Patient Resources

None available

## NGC Status

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